Evidence Review Updates

Progress:

- Added several links and resources from members. Connected with recommended subject matter experts in Washington state.

- Provided targeted updates to "Screening/Referrals," "Patient-Provider Interactions," and "Clinical Structure."

- Conducted initial review for "Maternal Care Team," "Access," and "Incentives."

Update: Screening for Perinatal Mood Disorders

- Added 3 new articles related to screening for perinatal mood disorders in pediatric practices and 3 new articles focused on case studies of implementation.

- Pediatric Practice Screening: one committee opinion, one commentary, and one case study. Opinions and commentary support theory of implementing screening during well-baby visits. Case study suggests it is feasible, at least when pediatric practices are well-integrated with obstetric practice.

- Implementation of screening/referral pathways: three case studies of clinics implementing or expanding screening/referral programs. Evidence from qualitative studies suggest that facilitators for implementation include increased training for providers, ease of behavioral health referrals (such as an updated clinical referral list), and integrated behavioral health structure. One study found success using a nurse-led screening program.

Update: Patient-Provider Interactions

- 8 new articles were added, focusing on racism, implicit bias training, and anti-racism initiatives. Many articles are not specific to maternal mental health, but focus on maternal health disparities overall. One article highlights mental health care access.

- Four articles involved focus groups of pregnant people of color (especially Black women). Many of the focus groups highlighted the importance of trusting relationships, having providers who listen to them, and the importance of understanding the impacts of racism. One article highlighted Black women's lack of access to maternal health care.

- Two articles examined perspectives of staff/providers. One article, written by midwives, highlighted the need for cultural safety. The other article focused on provider experiences witnesses inequitable care in their health system.

- Two articles described implicit bias/anti-racism training as a mechanism for improving care. Both articles describe existing implicit bias training efforts.

Update: Clinical Structure

- 9 new articles added, the vast majority on group prenatal or perinatal care. One article, from 2003, highlights the need for integrated behavioral health in obstetrics and gynecology. Another article focuses on the midwife continuity model of care.

- Group prenatal care: some conflicting evidence on outcomes for physical health, although the majority of studies find that group prenatal care is effective for medically underserved pregnant people. Additionally, one study found benefits for psychosocial outcomes such as perinatal mood disorders. More evidence is needed, but group prenatal care appears to be a promising practice.

- Midwife continuity model of care: one review article compared between outcomes for pregnant people in the midwife continuity model of care versus traditional care. They found the midwife continuity model of care to be effective, although they did not review mental health outcomes.

New: Access

- 16 new citations were reviewed, focusing on access to regular prenatal/perinatal care, access to perinatal behavioral health services, and suggestions to address access gaps.

- Seven citations detail access concerns for perinatal/prenatal care. Authors note that access barriers exist along the socioecological model (individual, organization, and structural), and barriers are often more pronounced for underserved communities or pregnant people with disabilities. Additionally, COVID-19 appears to have exacerbated perinatal mood disorders and perceived barriers to access.

- The remaining citations detail several strategies to increase access. Strategies to address access barriers include:
  - Telehealth/mobile health strategies: Telehealth is endorsed by the American College of Obstetricians and Gynecologists for prenatal and postpartum services. Mobile health strategies include application or text-based interventions/screening
  - Clinical Education strategies: two citations discussed ways to proactively prepare for perinatal mood disorders. One focused on adapting mindfulness-based cognitive therapy, the other on developing a practical perinatal planning guide (eg about sleep, exercise nutrition).
  - Integrated Behavioral Health: remaining articles highlight integrated on-site behavioral health as a strategy for increasing access and improving referral rates to behavioral health.

New: Care Team and Coordination

- Maternity care led by general practitioners and midwives is effective, at least for women with low obstetric risk.
  - Very few articles on care teams or team-based care for perinatal mental health. Team-based care articles are mostly limited to breastfeeding support.
  - Lingering questions: are we interested in which provider types are effective in treating perinatal mood disorders, or team-based care?

- One new article on collaborative care, out of a study from the University of Washington.

- Very few articles on coordination/communication across provider types
  - Articles on mother-child dyad tend to focus on screening for perinatal mood disorders in pediatric/family medicine practice.

New: Incentives

- Several commentary papers offer positions on value-based maternity care, focused on new clinical strategies for delivering high value care, including team-based approaches, counseling, and family engagement.

- Workgroup members provided links to new state and federal programs from California and from recent federal funding.
  - California Medicaid is providing some preventative behavioral health services during the perinatal period.
  - Federal funding continues to support maternal health, including the Maternal Mental Health Hotline

Next Steps

- Continue to refine literature review process.

- Review recommendations by topic area, starting today with screening and patient-provider interaction recommendations.

- Work through recommendations for other areas, and define responsibilities for different audiences.

- Finalize report by end of 2023.